



CCSHCN Priorities for 2016-2020

Mission: To enhance the quality of life for Kentucky's children with special health care needs through quality service, leadership, advocacy, education and collaboration.

Priority— Transitions:

- **National Performance Measure 12:** Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

Priority— Access to Care:

- **State Performance Measure 3:** Percent of CCSHCN Access to Care Plan components completed

Priority— Data Driven Decisions:

- **State Performance Measure 4:** Percent of CCSHCN Data Action Plan components completed

Priority— Adequate Insurance:

- **State Performance Measure 5:** Percent of children ages 0 to 17 who are adequately insured

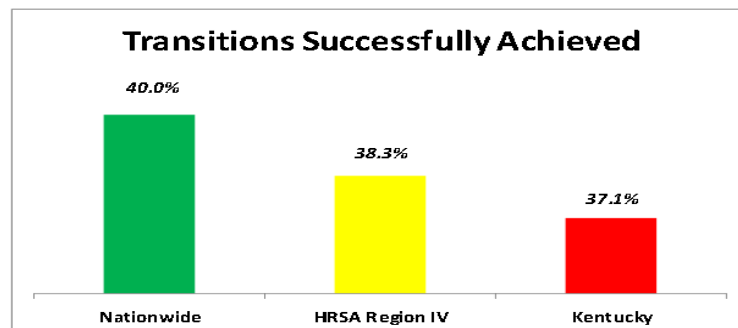
TRANSITIONS

CCSHCN envisions a system in which all youth are prepared for health care transitions.

Best practice and clinical research suggest that youth and families who partner with their health care providers toward the transition to adult health care and the development of individual goals obtain positive health outcomes.

Youth and families should:

- Think about and plan for the future
- Make positive choices about health
- Gain skills to manage health care
- Understand the changes in health care at age 18



Source: 2009-10 NS-CSHCN

IMPLEMENTATION ACTIVITIES

- CCSHCN staff continue established and sustained transitions activities for the CCSHCN direct services population—centered around the transition checklist, outreach to patients, cultivation of awareness, and transfer of care assistance, etc.
- CCSHCN will work to expand transition activities beyond the direct services population where possible — such as through the development of transitions components for contracted programs, maintenance of lists of community providers, dissemination of information through social media
- CCSHCN has initiated follow up contact to youth who have aged out of the CCSHCN program

INDICATORS OF PROGRESS

The Health Care Transitions Process Measurement Tool, an evidence supported checklist, will guide CCSHCN's quality improvement efforts toward ensuring practices aimed at ensuring youth preparation for health care transitions. Other available indicators which track progress include the National Survey of Children's Health (fielded annually beginning 2016), CCSHCN patient service data, and clinic comment card feedback.



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ACCESS TO CARE

National surveys indicate that nearly 40% of children and youth with special health care needs report not being able to easily access community based services. Ensuring that families have access to an easily navigated system of care that is integrated, comprehensive, coordinated, family-centered and consistent across the lifespan is the vision. The ultimate aim is to improve the health, development, and wellbeing of CYSHCN—in partnership with families, service providers, and policy makers.

CCSHCN defines access to care as including:

- (1) Availability of medical and specialty care;
- (2) Availability of providers networks; and
- (3) Development and promotion of supports and resources.

IMPLEMENTATION ACTIVITIES

CCSHCN's Access to Care Plan addresses multiple aspects of access to care, and includes several improvement elements in each of the three areas of access to care, such as expanding eligibility criteria to new disciplines and new telemedicine initiatives, decreasing wait time by improving clinic flow, targeted outreach to underserved populations, partnerships with university providers, collaboration with the child welfare agency to assure services for youth in or at risk of foster care, reducing newborn hearing screening loss to follow up, and continued care coordination and family support services.

INDICATORS OF PROGRESS

Each year, a score will be calculated, which will indicate how many components on the CCSHCN Access to Care Plan have been completed or implemented. National survey indicators and internal data will supplement CCSHCN's ability to evaluate the progress made toward the vision of integrated and accessible services.



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DATA DRIVEN DECISIONS

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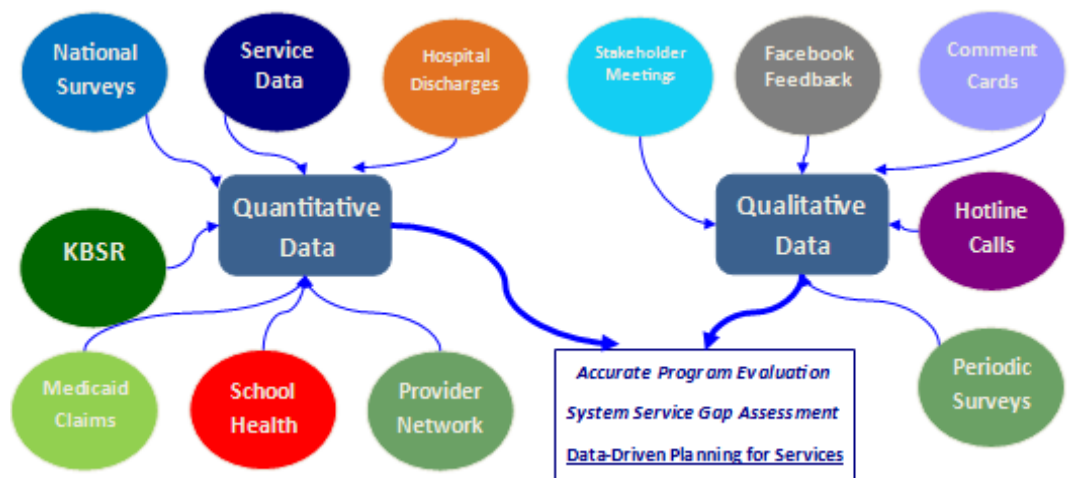
- **State Performance Measure 4:** Percent of CCSHCN Data Action Plan components completed

Priority— Adequate Insurance:

- **State Performance Measure 5:** Percent of children ages 0 to 17 who are adequately insured

By better understanding the population, CCSHCN can be more responsive to the needs of Kentucky families and youth, and reach more people needing care.

National data is available but not enough information is being analyzed in order to identify trends about Kentucky's CYSHCN population—particularly those not enrolled in CCSHCN direct care clinics. The agency needs to access local and state data and develop new methods and tools to support data-driven decision-making and program planning.



IMPLEMENTATION ACTIVITIES:

During the spring of 2016, CCSHCN convened a data advisory council of public health experts, charged with prioritizing needs and drafting a specific data action plan to assist CCSHCN to develop skills to access and analyze datasets.

Strategies include: in-state surveys or other feedback mechanisms to evaluate needs and existing services, ability to access and analyze surveillance data, provider data, hospital discharge data, and Medicaid claims data.

INDICATORS OF PROGRESS:

Each year, a score will be calculated, which will indicate how many components on the CCSHCN Data Action Plan have been completed or implemented. CCSHCN will continue to look to advisory council partners for technical assistance and expertise as needed.

For more information: <http://chfs.ky.gov/ccshcn>,
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ADEQUATE INSURANCE

Children with nonexistent, inconsistent or inadequate health insurance are less likely to receive the care they need and thus suffer greater consequences from their health conditions.

Issues such as cost-sharing requirements that are too high, less than robust provider networks, and inadequate coverage of needed services cross cut all MCH populations, yet CYSHCN present a special risk due to their medical needs.

Health care transformation, including the Affordable Care Act and Kentucky's shift of Medicaid enrollees into managed care, has implications for CYSHCN in the areas of comprehensive coverage, continuity of care, access to specialty providers, and network adequacy.

IMPLEMENTATION ACTIVITIES:

- CCSHCN staff, and Family to Family staff and support parents serve as application counselors/navigators who assist and educate families with regard to obtaining and maintaining adequate insurance coverage.
- CCSHCN contracts with Patient Services, Inc. for an insurance case management and premium assistance program for high cost conditions.
- CCSHCN administration partners formally with Medicaid staff on various initiatives aimed specifically at improving coverage for CYSHCN in Kentucky— this includes participation in the State Innovation Model (SIM) aimed at improving patient experience of care, population health, and reduce cost.
- CCSHCN works to address gaps in covered services and provider networks through contract modifications and rate and requirement negotiations.

INDICATORS OF PROGRESS:

- Increased number families provided individualized assistance by F2F and CCSHCN staff regarding financing of health care, as measured by internal data collection
- Increased number of Kentucky families who report that children are adequately insured, as measured by annual data yielded through National Survey of Children's Health.
- Analysis of Medicaid data for the assurance of population health